

**CONNECTICUT VALLEY HOSPITAL
REQUEST FOR AMENDMENT OF
PROTECTED HEALTH INFORMATION**

Name _____ Unit _____

POLICY: The Commissioner of Mental Health and Addiction Services has issued a policy stating that patients have the right to review their medical record and if errors in the documentation are found to request that they be amended (corrected). This policy is also in compliance with the Health Insurance Portability and Accountability Act of 1996 which states that all patients have the right to request amendment of their Protected Health Information (PHI) found to be in error.

I am requesting that the following information be reviewed:

Correction requested:

If denied, you have the right to appeal this decision to the CVH Chief of Professional Services coordinated by the Director of Health Information Management.

Signature of Patient

Date

SEND COMPLETED FORM TO: Health Information Management

THIS SECTION TO BE COMPLETED BY THE CLINICIAN	
Date _____	Clinician Name _____
Please review this request for amendment of your documentation in this medical record as noted above and record your decision below:	
<input type="checkbox"/> YES I agree that a correction of the specified documentation is necessary. The document in question was amended. (Instructions: Record the correction on the document in question, date and sign the entry. DO NOT cross out or otherwise obliterate the original entry.)	
<input type="checkbox"/> NO I find no error in the specified documentation. Request for amendment is denied.	
<input type="checkbox"/> NO CVH did not create the entry. Request for amendment is denied.	
<input type="checkbox"/> NO The portion to which the amendment request is addressed, is not in the medical record.	
<input type="checkbox"/> NO The portion to which the amendment request is addressed, is information to which the patient does not have a right of access.	
Signature of Clinician _____	Date _____